

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G324	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/21/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4516 W WALDEN DR MUNCIE, IN 47304
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 2/17, 2/18, 2/19, 2/20, and 2/21/2014.</p> <p>Surveyor: Susan Eakright, QIDP.</p> <p>Facility Number: 000842 Provider Number: 15G324 AIMS Number: 100243860</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/27/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review, and interview, for 1 of 6 clients (client #2), the facility failed to ensure the results of the use of client #2's PRN (as needed) medication were recorded.</p> <p>Findings include: On 2/17/14 at 3:45pm, Group Home Staff (GHS) #1 asked client #2 to enter</p>	W000331	The facility will provide clients with nursing services in accordance with their needs. The facility will ensure that use of client PRN (as needed) medications are recorded. Staff have been retrained on proper documentation when a PRN is given to a consumer. Nursing and QIDP will ensure that the staff are following proper medication administration procedure.	03/21/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>the medication administration room. At 3:45pm, client #2 verbally told GHS #1 that he was refusing his Colace medication for constipation. Client #2 stated he had been experiencing loose stools and requested Pepto Bismol as needed medication for his upset stomach. At 3:45pm, GHS #1 administered client #2's Pepto Bismol 30ml (milliliters) out of an unlabeled bottle of Pepto Bismol medication to client #2. At 3:45pm, GHS #1 documented the medication was administered to client #2 and recorded the use of client #2's PRN Pepto Bismol medication on the back of client #2's 2/2014 MAR (Medication Administration Record).</p> <p>On 2/19/14 at 2:20pm, client #2's record was reviewed. Client #2's 2/2014 MAR indicated client #2 was administered PRN Pepto Bismol medication on 2/17/14 "30ml pepto d/t (due to) c/o (complaint) loose stool" with no time and no results documented.</p> <p>An interview with the Agency Nurse was conducted on 2/17/14 at 5:00pm. The Agency Nurse indicated the facility followed the Medication Administration Core A/Core B training. The Agency Nurse indicated each as needed and/or PRN medication should be recorded on</p>						

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W000454	<p>the individual client's MAR when the medication was given and the results recorded.</p> <p>On 2/19/14 at 3:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated client #2's MAR did not include the time and/or results of the use of his PRN (as needed) Pepto Bismol medication.</p> <p>On 2/19/14 at 3:00pm, the 2004 "Core A/Core B Medication Training" page 36 indicated "Lesson 4 Principles of Administering Medications." The Core A/Core B policy and procedure indicated the facility should record the effects of the PRN (as needed) medication after a period of time had lapsed.</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 4 additional clients (clients #5, #6, #7, and #8), the facility</p>	W000454	The facility will provide a sanitary environment to avoid sources and transmission of infections. Staff have been retrained on the infection control policy to ensure	03/21/2014			

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	<p>failed to ensure client #7 used sanitary methods to set the dining room table for clients #1, #2, #3, #4, #5, #6, #7, and #8 at the supper and breakfast meals.</p> <p>Findings include:</p> <p>On 2/17/14 from 2:50pm until 5:45pm, and on 2/18/14 from 5:45am until 7:42am, clients #1, #2, #3, #4, #5, #6, #7, and #8 were at the group home. During both observation periods client #7 set the dining room tables without washing the table before setting table service and before meals on the dining room tables for clients #1, #2, #3, #4, #5, #6, #7, and #8. During both observation periods client #7 handled each of the forks, spoons, and knives by the food contact ends for each of the table settings for clients #1, #2, #3, #4, #5, #6, #7, and #8 without redirection from the facility staff. During both observation periods client #7 handled client #1, #2, #3, #4, #5, #6, #7, and #8's plates touching the food contact areas of the plates with her hands after client #7 touched her face, inside her ears, and hair without redirection from the facility staff. During both observation periods client #7 held the plates against her shirt while setting the table without redirection from the facility staff.</p>		that clients are not contaminating food contact areas for each table settings. QIDP and Residential Manager will complete weekly active habilitation observations.				

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	<p>On 2/19/14 at 3:00pm an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 should be taught and encouraged to wash the dining room table before dining and to use sanitary methods to set the dining room table before dining. The QIDP indicated client #7 should have been redirected by the facility staff to wash the table before setting the table for meals, rewash her hands after touching her face and ears, and not to touch the food contact areas for each of the table settings before meals.</p> <p>9-3-7(a)</p>			